

hausted. The only thing in which it differed from those typical cases of the disease was his consciousness of the exhaustion. He had several "congestive attacks," like the one described, and in 1875 became so weak and helpless that he was entirely confined to bed, and had to use a water mattress to avoid bed sores, thus showing that the trophic system was deeply involved in the advancing nervous degeneration. During the last months of his life all his mental power was quite gone, and there was almost complete paralysis of the limbs, as well as of the pharynx. He died in the end of 1875.

Notes of a Case of Sporadic Cretinism, with an Account of the Autopsy. By FLETCHER BEACH, M.B. Lond.,
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(Read before the Medico-Psychological Association, at Bethlem Hospital,
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The notes of the following case of "Sporadic Cretinism"—the name given to this class by Dr. Hilton Fagge, in contradistinction to endemic cretinism—will, I hope, from the comparative rarity of the disease, be interesting to members of this Association. My experience in connection with this disease has been exceptionally fortunate, for it has fallen to my lot not only to see, I think, altogether eight cases, but to make four post-mortem examinations. Autopsies on cases of sporadic cretinism are apparently very rare—only five are on record. Of these two have been made by Mr. Curling, one by Dr. Hilton Fagge, and two by myself. Accounts of them will be found in the "Pathological Transactions of London." The fatty tumours—the special characteristic of the disease—are, in this case, larger than I have before seen. The photographs exhibited were taken shortly before death.

The following is an account of the case:—

M. H., a girl, aged 15 years, was transferred to the Clapton Idiot Asylum from Hampstead Asylum on the 8th of May, 1875, and died March 26th, 1876, of bronchitis.

The history of the case is unfortunately very meagre. On the form which accompanied her admission into the Clapton Asylum the only fact of importance was that she had been "idiotic from childhood." As her address was unknown, it has been impossible to gain any other particulars. This is unfortunate, as information as to the causation of the disease is much wanted, especially with respect to the part which in-

temperance may play in producing it. Of the eight cases which I have had the opportunity of seeing, six were born of temperate parents, while the remaining two not only had intemperate fathers, but these had been intoxicated at the time of coition. At present my experience, as far as it goes, does not point to intemperance as the sole cause of the disease. Of seven cases related by Dr. Hilton Fagge, in four the parents are stated to have been temperate, while in the remaining three no statement is made on the point. Dr. Langdon Down, however, holds that the disease is due to intoxication of one or both parents at the time of the procreative act. Further information must be obtained to settle the question.

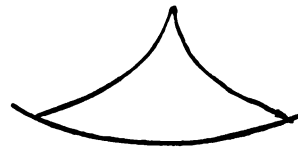
The following was the child's condition :—

“ She was 38 inches in height and weighed 3 stone 3lbs. (without clothes). She was exceedingly well nourished, having a considerable amount of fat in the abdominal walls. During the time she was resident in the asylum she got much fatter, and there was marked obesity at the time of her death, the abdomen measuring $26\frac{1}{2}$ inches in circumference at the umbilicus. The head was large, flattened at the top, and spreading out at the sides, measuring 11 inches longitudinally, 10 inches transversely, and 19 inches in circumference. The anterior fontanelle was not yet closed, there being a small depression evident in that position. The sutures, however, were well united. The hair was black and coarse, and fairly abundant. The face was broad. The forehead was 2 inches in height and 4 inches in breadth. The distance between the forehead and the chin was 6 inches, and between the chin and auditory meatus 5 inches. The child was a brunette, and her countenance, which was not at all vacant, was often lighted up by a bright smile. Eyes hazel, with long black eyelashes. Nose pug-shaped. Lips exceedingly thick and generally slightly apart. Gums healthy, and the teeth regular and in good condition. Arch of palate not flattened. Ears and tongue of normal size. Cheeks full and flabby, at times flushed. No goitre, and apparently no thyroid gland, but well developed swellings on either side of the neck above the clavicles. The arms and legs were short and curved; the former measuring 10 inches from the tips of the shoulders to the wrists, the latter $16\frac{1}{2}$ inches from the anterior inferior spinous processes of the ileum to the external malleoli. The hands and feet

were short and broad—the former measuring 4 inches, the latter $5\frac{1}{2}$ inches. The skin of the body was thick, and over the arms and legs easily separable from the subjacent muscles. The labia were well developed.”

She was of a very cheerful disposition, and though she did not say much, she would shew by her manner her appreciation of any amusement that was going on. She went to school in the asylum, and could say her alphabet, spell a few words of three letters, and write from dictation two letters. She could add to 5, count to 50, multiply 2 to 12, and could distinguish three colours. She could hem a little. From this it will be seen that she had a certain amount of intelligence. She was cleanly in her habits; her appetite was good, and she slept well. She had menstruated two or three times.

At the autopsy the scalp was found to be thicker than normal, and easily separable from the cranium, to which it was attached by loose connective tissue. On inspecting the cranium, the anterior fontanelle was found to be not yet closed, there being a piece of membrane of the accompanying size and shape in that position. The sutures were well united, their lines of union, however, being evident by congestion. The calvaria was removed with some difficulty, in consequence of the firm adhesion of the dura mater to the anterior fontanelle and sagittal suture, as well as a little to each side of it. On examining the bone, there was seen to be slight bulging inwards of the frontal, and bulging outwards of the parietal bones. It was symmetrical. It was thicker anteriorly and posteriorly than laterally, being $\frac{1}{4}$ inch in width in the former positions. On removing the brain and looking at the base of the cranium, the foramen magnum was found to be smaller than normal, and on each side near its margin was an elevated rim, the space inclosed being triangular in shape. The cerebellar fossæ were flattened and the middle fossæ deep. The anterior fossæ were normal. The sella turcica was narrowed from before backwards, and the clivus, or inclined plane formed by the union of the basilar process of the occipital with the sphenoid, was very steep. The suture between the sphenoid and occipital bone was soft and cut with the knife. The anterior and posterior clinoid processes were on the same



level. The base of the skull measured internally $6\frac{3}{8}$ inches antero-posteriorly, and $4\frac{1}{2}$ inches transversely.

The brain weighed 34oz. The convolutions were exceedingly coarse, measuring half an inch in width. They, as well as the sulci, were well marked. The posterior lobes of the brain entirely overlapped the cerebellum. There was no congestion of vessels, and little fluid in the ventricles. The pons and medulla were small, the latter corresponding with the small size of the foramen magnum.

A portion of the brain was submitted to my friend, Dr. Savage, for microscopical examination, and the following is his report :—

Cerebral Convolution of Cretin.

Pia mater thickened and adherent.

Vessels tortuous.

Cortical layer thicker than usual.

Pyramidal cortical corpuscles normal, with rather large nuclei.

The corpuscles in the more superficial layers are surrounded by larger spaces than usual.

No general wasting and no signs of inflammatory change.

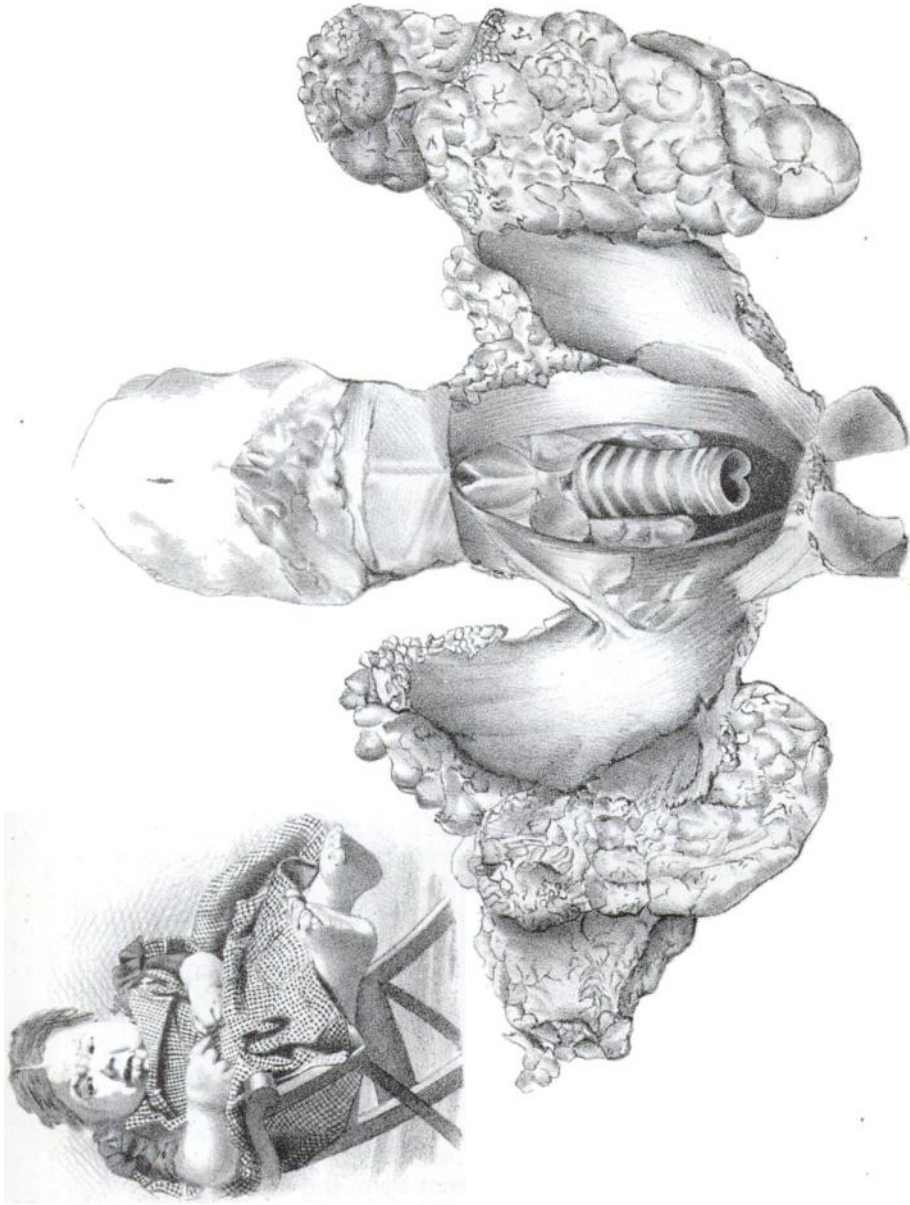
GEO. H. SAVAGE.

The trachea showed no sign of a thyroid gland, but in each posterior triangle of the neck was a large fatty tumour (exhibited). The tumours were not encapsuled, so that there was some difficulty in defining their limits. They sent processes beneath the sterno-mastoids and downwards beneath the clavicles. In colour they were slightly pinker than the surrounding fat.

The heart, liver, spleen, and kidneys were normal. The lungs showed the usual signs due to bronchitis. The omentum contained a quantity of fat. The ovaries were larger than normal.

The specimen shows the trachea and attached muscles, and the fatty tumours.

The appearances found in the base of the skull in this case correspond in great measure with those found in a case of endemic cretinism, in which the inspection was made by Professor Virchow, especially in the fact that the clivus was steep; but differ from those present in two cases brought before the Pathological Society by Dr. Hilton Fagge and myself, in which the clivus was nearly horizontal,—this condition also being present in autopsies made by Niépce,



Baker's Anatomy

Iphofen, and other continental observers. The elevated rim round the foramen magnum noticed in this case, and in the two cases just alluded to, and which at the time of bringing my case before the above Society I considered unusual, I have since found to be not at all uncommon in the skulls of idiots.

Though atrophy of the thyroid body usually takes place in sporadic cretinism, yet there are exceptions to this rule. Two cases are on record in which bronchocele was present—one mentioned in the third edition of "The Manual of Psychological Medicine," by Drs. Bucknill and Tuke; the other, in "The Pathological Transactions for 1874," by Dr. Hilton Fagge. The fatty tumours, however, are always present, and they may therefore be considered the special characteristic of sporadic cretinism. So far as I know, they do not occur in endemic cretinism.

The accompanying Plate exhibits a photograph of M. H., and a drawing of the trachea, showing the absence of the thyroid gland, and the fatty tumour on each side.

OCCASIONAL NOTES OF THE QUARTER.

The Relations of Drink and Insanity.

At a recent meeting of the Rugby Temperance Association, the following speech was made by Dr. Bucknill; in reference to which the succeeding correspondence took place between Dr. Bucknill and Dr. Clouston:—

"Dr. Bucknill, in seconding the resolution, said the question of temperance was one in which he took great interest; in fact, no one could fail to do so who had any regard for the welfare of his race or the progress of his country. He had something specially to say upon one point of the resolution, and should therefore pass over the results of drink in brutality, female degradation, and reckless prodigality, and apply himself to it as a cause of disease both in body and mind. It would be difficult, within any reasonable time, for him to give an outline even of his experience as a physician of the insane, with regard to the production of insanity by intoxicating liquors. It not only produced insanity directly, but by its effects upon other organs which react upon the brain, and by